



## The New India Assurance Co.Ltd.

BRANCH AURANGABAD AUTO TIE-UP (160401)

Tel. No.: 02402485446/02402484415/

Email: nia.160401@newindia.co.in/nodal.MAHARASHTRA@newindia.co.in

### Two Wheeler Liability Only Policy IRDAN190RP0002V01200203

Policy Number: 16040131220200001138

Vehicle: HERO HONDA/SPLENDOR +

### Period of Cover

From: 21/09/2022 12:00:01 AM

To: 20/09/2023 11:59:59 PM

### Insured Details

THE PARTNER ANILKUMAR & CO

To: ANILKUMAR & CO. NEAR BASAVA VANA, OLD BUS STAND, HUBLI, , HUBLI ,KARNATAKA,  
580020

### For Insurance Renewals contact

JAINUINE INSURANCE BROKERS PVT. LTD.

Tel. No.: 02402350377 / / 9850049400

Email: kailash@jainuineinsurance.co.in /

### For Claims contact our OFFICE

JEEVAN SUMAN LIC BLDG., PL.NO.3N-5, CIDCO, JALGAON RD.,AURANGABAD-431003.

Tel. No.: 2402482715

Email: CH1602@newindia.co.in

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16040122E0002461

|   |
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| <b>IRDA Registration Number: 190</b><br><b>NIA PAN NUMBER: AAACN4165C</b> |
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POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Two Wheeler Liability Only Policy

UIN Number - IRDAN190RP0002V01200203

Policy Number :16040131220200001138

|   |  |   |
|---|--|---|
| <p>POLICY ISSUING OFFICE:<br/>BRANCH AURANGABAD AUTO TIE-UP<br/>(160401),<br/>THE NEW INDIA ASSURANCE CO. LTD. , AUTO<br/>TIE-UP CITY BRANCH ( 160401 ) , "JEEVAN<br/>SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO,<br/>AURANGABAD ,<br/>MAHARASHTRA , 431003.<br/>PHONE NUMBER:02402485446 /<br/>02402484415<br/>FAX NUMBER:NA / NA<br/>Email:nia.160401@newindia.co.in</p> | <p>BUSINESS CHANNEL/CPSC User:<br/>NAME:<br/>Jainuine Insurance Brokers Pvt. Ltd. -<br/>(DA3388757),<br/>PHONE NUMBER:02402350377 / / 9850049400<br/>LAND/FAX NUMBER:/<br/>EMAIL:kailash@jainuineinsurance.co.in /</p> | <p>CLAIM CONTACT:<br/>AURANGABAD (160002)<br/>ADDRESS: JEEVAN SUMAN LIC BLDG. , PL.NO.3N-5,<br/>CIDCO, JALGAON RD. , , AURANGABAD-431003. , ,<br/>MAHARASHTRA , 431003.<br/>PHONE NUMBER: 2402482715 / 2402480715<br/>MOBILE NUMBER:<br/>Email: CH1602@newindia.co.in</p> |
|---|--|---|

INSURED DETAILS

|                 |  |                |                         |
|-----------------|--|----------------|-------------------------|
| Insured Name    | THE PARTNER ANILKUMAR & CO   | Customer ID    | PO63293078 (PAN No :NA) |
| Insured Address | ANILKUMAR & CO. NEAR BASAVA VANA, OLD BUS<br>STAND, HUBLI,,,<br>HUBLI ,KARNATAKA, 580020 | Contact Number | / /                     |
|                 |  | Email          | prabhuaco@yahoo.in      |
|                 |  | GSTIN          | 29AACFA2641K1Z1         |

POLICY DETAILS

|                  |  |                        |                                    |
|------------------|--|------------------------|------------------------------------|
| Period of cover  | 21/09/2022 12:00:01 AM to 20/09/2023 11:59:59 PM | Receipt Number         | 16040181220000001750 -<br>17/09/22 |
| Previous Insurer | THE NEW INDIA ASSURANCE COMPANY LTD.             | Previous Policy Number | 16040131210200001204               |

VEHICLE DETAILS

|   |                       |                                      |                             |
|---|-----------------------|--------------------------------------|-----------------------------|
| Registration Number                     | KA-25-Y-0014          | Chassis no./Engine Number            | 06E16C37760/06E15M333<br>23 |
| Make / Model                            | HERO HONDA/SPLENDOR + | Variant:                             | STD                         |
| Year of manufacture                     | 2005                  | Type of body / Type of Fuel          | Metal/Petrol                |
| Colour                                  | NM                    | Cubic capacity(cc)<br>/Wattage(kW):  | 100cc                       |
| Seating capacity including<br>Driver    | 2                     | Name of registration<br>authority    | Dharwar                     |
| Geographical Area / Zone                | India                 | Name of the Financier                |                             |
| Cover Note No/Cover Note<br>Issue Date: | /                     | Automobile Association<br>membership | none                        |

INSURED DECLARED VALUE (in Rs)

| Vehicle | Trailer | Non-Elec Acc | Electrical Acc | Bi-fuel kit | Total Value |
|---------|---------|--------------|----------------|-------------|-------------|
| 0       | 0       | N/A          | N/A            | N/A         | 0           |

SCHEDULE OF PREMIUM

| Own Damage                     |   | Liability  |           |
|--------------------------------|---|--|-----------|
| Basic OD Premium               | 0 | Basic TP Premium<br>(+)PA premium for UnNamed/Hirer/Pillion Persons(1) | 714<br>70 |
| Calculated OD Premium          | 0 | Calculated TP Premium  | 784       |
| Total OD Premium               | 0 | Total TP Premium   | 784       |
| Net Premium in Rs              |   |  | 784       |
| GST in Rs                      |   |  | 141       |
| Total Payable in Rs            |   |  | 925       |
| Total Payable in Rs(In words): |   | RUPEES NINE HUNDRED TWENTY-FIVE ONLY                                   |           |

|                       |   |
|-----------------------|---|
| GSTIN(Issuing Office) | 27AAACN4165C3ZP                           |
| SAC                   | 997134 (Motor vehicle insurance services) |

Limitation as to use:The policy covers use for any purpose other than: a)Hire or reward b)Organized racing, OR c)Speed testing

Limits of Liability:Limit of the amount the Company's Liability Under Section II 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one



|  |                            |
|--|----------------------------|
| event: Up to Rs. 1,00,000  |                            |
| For individual covers (OD) in RS:0   | Compulsory excess in Rs:NA |
| Imposed excess in Rs:0   | Voluntary excess in Rs:0   |
| Persons or classes of persons entitled to drive:Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may also drive the vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989. |                            |

PA cover for Owner Driver

| Name of Nominee | Age of Nominee | Relationship with the Insured | Name of the Appointee (if Nominee is a minor) | Relationship to the Nominee |
|-----------------|----------------|-------------------------------|---|-----------------------------|
| none            | 0              | none                          | none  | none                        |

PA cover for named persons

| Name | CSI Opted(Rs.) | Nominee | Relationship |
|------|----------------|---------|--------------|
| none | 0              | NA      | NA           |

Premium and GST Details

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | Rs 784.00     |
| SGST    | 0           | 0             |
| CGST    | 0           | 0             |
| IGST    | 18          | 141           |

In witness where of this policy has been signed at BRANCH AURANGABAD AUTO TIE-UP on this 17/09/2022 WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO This policy is subject to the Terms, conditions and exceptions applicable to Package/Liability policy attached/available on the web site <http://newindia.co.in>; IMT Endorsement Number(s) printed herewith attached 18,22.

Important notice:

The insured is not indemnified, if, the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

Anti Money Laundering Clause: In the event of a claim under the policy exceeding Rs 1lakh or a claim for refund of premium exceeding Rs 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company website.

I/We hereby certify that the policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and XI of M.V. Act, 1988.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 17/09/2022

Duly Constituted Attorney(s)

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16040122E0002461

**IRDA Registration Number: 190**  
**NIA PAN NUMBER: AAACN4165C**



## COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

**Issuing Office** : BRANCH AURANGABAD AUTO TIE-UP (160401)  
**Address** : THE NEW INDIA ASSURANCE CO. LTD.  
AUTO TIE-UP CITY BRANCH ( 160401 )  
"JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003  
AURANGABAD(MA)  
**Insured Pan Number** :  
**Phone** : 02402485446  
**Email** : nia.160401@newindia.co.in  
**Fax** :  
**Collection Number** : 16040181220000001750  
**Collection Date** : 17/09/2022  
**Business Source Code** : DA3388757  
**PAN No of Payer** :

Received with thanks from THE PARTNER ANILKUMAR & CO.

The amount received/Adjusted is towards -

| Policy No.           | A/C Description | Amount ₹ | A/C Code    | Sub A/C Code           |
|----------------------|-----------------|----------|-------------|------------------------|
| 16040131220200001138 | Bank-160401     | 925.00   | 9100.160401 | BA00007835-160401-9100 |

**Total = ₹ 925.00**

Your Payment/Adjustment Details are as under -

| Mode | Amount ₹ | Cheque No. | Cheque Date | Drawee Bank         | Drawee Branch | Reference No.    | Scroll/BG/A PD Balance |
|------|----------|------------|-------------|---------------------|---------------|------------------|------------------------|
| ECS  | 925.00   | 834548     | 16-SEP-22   | STATE BANK OF INDIA | AURANGABAD    | 1604012210018822 | N.A.                   |

**Total = ₹ 925.00**

Utilization details of the Collected Amount :

| Premium | GST         | Stamp Duty                           | Excess Amount   |
|---------|-------------|--------------------------------------|-----------------|
| 784.00  | 141.00      | 0.00                                 | 0               |
| Sl no.  | Agency Code | Agency Name                          | Department Code |
| 1       | NA          | JAINUINE INSURANCE BROKERS PVT. LTD. | 31              |

For The New India Assurance Company Limited  
Revenue Stamp



Date of Issue: 17/09/2022

Cashier's Initial

Authorized Signatory

Note -

- 1.Please note the Policy Number, Collection Number and date in all future correspondence. .
- 2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16040122E0002461

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C



**IMT.16. PERSONAL ACCIDENT TO UNNAMED PASSENGERS OTHER THAN INSURED AND THE PAID DRIVER AND CLEANER { For vehicles rated as Private cars and Motorised two wheelers (not for hire or reward) with or without side car}**

In consideration of the payment of an additional premium it is hereby understood and agreed that the insurer undertakes to pay compensation on the scale provided below for bodily injuries hereinafter defined sustained by any passenger other than the insured and/or the paid driver attendant or cleaner and/or a person in the employ of the insured coming within the scope of the Workmen's Compensation Act, 1923 and subsequent amendments of the said Act and engaged in and upon the service of the insured at the time such injury is sustained whilst mounting into, dismounting from or traveling in but not driving the insured motor car and caused by violent, accidental, external and visible means which independently of any other cause shall within three calendar months of the occurrence of such injury result in :

| Details of Injury   | Scale of Compensation |
|---|-----------------------|
| i. Death  | 100%                  |
| ii. Loss of two limbs or sight of two eyes or one limb and sight of one eye | 100%                  |
| iii. Loss of one limb or sight of one eye                                   | 50%                   |
| iv. Permanent Total Disablement from injuries other than named above        | 100%                  |

Provided always that: -

- (1) compensation shall be payable under only one of the items (i) to (iv) above in respect of any such person arising out of any one occurrence and total liability of the insurer shall not in the aggregate exceed the sum of ₹ 100000 during any one period of insurance in respect of any such person.
  - (2) no compensation shall be payable in respect of death or injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) intentional self injury suicide or attempted suicide physical defect or infirmity or (b) an accident happening whilst such person is under the influence of intoxicating liquor or drugs.
  - (3) such compensation shall be payable only with the approval of the insured named in the policy and directly to the injured person or his/her legal representative(s) whose receipt shall be a full discharge in respect of the injury of such person.
  - (4) not more than persons/passengers are in the vehicle insured at the time of occurrence of such injury.
- Subject otherwise to the terms exceptions conditions and limitations of this policy.

**IMT.18. PERSONAL ACCIDENT TO UNNAMED HIRER AND UNNAMED PILLION PASSENGERS (Applicable to Motorized Two wheelers with or without side Car)**

In consideration of the payment of an additional premium it is hereby understood and agreed that the insurer undertakes to pay compensation to any unnamed hirer/ driver/any unnamed pillion/ sidecar passenger on the scale provided below for bodily injury caused by violent, accidental, external and visible means whilst mounting into/onto and/or dismounting from or traveling in/on the vehicle insured which independently of any other cause shall within three calendar months of the occurrence of such injury results in :-

| Details of Injury   | Scale of Compensation |
|---|-----------------------|
| i. Death  | 100%                  |
| ii. Loss of two limbs or sight of two eyes or one limb and sight of one eye | 100%                  |
| iii. Loss of one limb or sight of one eye                                   | 50%                   |
| iv. Permanent Total Disablement from injuries other than named above        | 100%                  |

Provided always that:

- (1) Compensation shall be payable under only one of the items (i) to (iv) above in respect of any such person arising out of any one occurrence and total liability of the insurer shall not in the aggregate exceed the sum of ₹ 100000 during any one period of insurance in respect of any such person.
  - (2) No compensation shall be payable in respect of death or injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) intentional self injury suicide or attempted suicide physical defect or infirmity or (b) an accident happening whilst such person is under the influence of intoxicating liquor or drugs.
  - (3) Such compensation shall be payable only with the approval of the insured named in the policy and directly to the injured person or his/her legal representative(s) whose receipt shall be a full discharge in respect of the injury of such person.
  - (4) Not more than persons/passengers are in the vehicle insured at the time of occurrence of such injury.
- Subject otherwise to the terms exceptions conditions and limitations of this policy.

**IMT.22. COMPULSORY DEDUCTIBLE**

(Applicable to Private Cars, three wheelers rated as private cars, all motorized two wheelers, taxis, private car type vehicle plying for public/private hire, private type taxi let out on private hire)



Notwithstanding anything to the contrary contained in the policy it is hereby understood and agreed that the insured shall bear under Section 1 of the policy in respect of each and every event (including event giving rise to a total loss/constructive total loss) the first ₹ 100 (or any less expenditure which may be incurred) of any expenditure for which provision has been made under this policy and/or of any expenditure by the insurer in the exercise of his discretion under Condition no 3 of this policy.

If the expenditure incurred by the insurer shall include any amount for which the insured is responsible hereunder such amount shall be repaid by the insured to the insurer forthwith.

For the purpose of this Endorsement the expression "event" shall mean an event or series of events arising out of one cause in connection with the vehicle insured in respect of which indemnity is provided under this policy.

Subject otherwise to the terms conditions limitations and exceptions of this Policy.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16040122E0002461

|   |
|---|
| <b>IRDA Registration Number: 190</b><br><b>NIA PAN NUMBER: AAACN4165C</b> |
|---|